



TOWN OF WESTFORD  
BOARD OF HEALTH  
TOWN HALL  
WESTFORD, MASSACHUSETTS 01886  
Phone: 978-692-5509 Fax: 978-399-2558

**APPLICATION FOR INSTALLER'S PERMIT**  
**FEE \$100.00**

\*\*\*\*\*

I hereby apply for a Disposal Works Installer's Permit as required by Title V, 310 CMR 15.019 of the State Environmental Code and Westford Board of Health regulations.

**Please print all information:**

Applicant's Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Cell Telephone: \_\_\_\_\_

Fax # \_\_\_\_\_ Pager # \_\_\_\_\_

List other communities that you are currently licensed in \_\_\_\_\_

( ) Check here if you wish your name to be on a list of licensed installers.

( ) Were you previously licensed as an installer by the Westford Board of Health, if so when? \_\_\_\_\_

**\*\*NOTE: If your installer's permit has been expired for MORE THAN 30 DAYS, you must take the installer's exam again before relicensing can occur.**

The undersigned agrees to abide by the requirements of Title V of the State Environmental Code. The undersigned also understands that any violation of Title V or other Board of Health regulations will be sufficient cause for revocation of my Installer's Permit.

\_\_\_\_\_  
Social Sec #/Federal ID #

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date